

EXHIBIT 52

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION MDL NO. 2804
OPIATE LITIGATION

Case no.
17-mdl-284
Judge Dan Polster

This document relates to:
The County of Summit, Ohio, et al.,
V.
Purdue Pharma L.P., et al.,
Case No. 1:18-OP-45090 (N.D. Ohio)

Videotaped deposition of
DONNA SKODA
August 14, 2018
9:06 a.m.

Taken at:
Brennan Manna & Diamond
75 East Market Street
Akron, Ohio
Wendy L. Klauss, RPR

<p style="text-align: right;">Page 362</p> <p>1 mills dried up and as prescriptions decreased, 2 so most of the cartels, most of the illicit 3 drug solicitors are business people, and they 4 knew when we created a shortage here and we had 5 all these addicted people that they were going 6 to do all kinds of crazy things to stay 7 addicted, because it is a brain disease. 8 And you don't just wake up one day 9 and say, oh, today I'm going to be a bad 10 parent, and today I'm not going to take care of 11 my kids. Today I'm going to stop using heroin. 12 It doesn't work like that. You are addicted. 13 It's a brain disease. 14 And what happens then is, we have 15 seen this over and over and over again, that 16 when the supply dries up and when it decreases, 17 the illicit drugs increase. And now we are 18 seeing dealers who don't make their product as 19 potent, because we are prosecuting them now, 20 and they don't want to go to jail. So we are 21 now seeing polydrug use, mixing other drugs, 22 cocaine, methamphetamine. 23 Yes, they are individuals that 24 engage in awful behavior, but the group of 25 people that are giving them the business are</p>	<p style="text-align: right;">Page 364</p> <p>1 sure how many individuals are functional 2 addicts out there. And that, down the road, is 3 going to create a whole other set of needs, 4 because individuals can maintain an addiction 5 for a long time, many do for years, and then 6 slowly it will start to unravel. 7 And they will be engaging in other 8 behaviors, and their lives will sometimes tank, 9 and often some get treatment at that point, 10 other don't. But this is different in that it 11 began because people were going to providers, 12 getting pills, and being told take this for 13 your headaches, and it will be okay, when, in 14 fact, they ended up addicted. 15 Q. And does the fact that people can 16 be addicted to substances other than 17 prescription opioids mean that prescription 18 opioids are not a public health issue in Summit 19 County? 20 A. No. 21 Q. Why not? 22 A. All of those other drugs we know 23 are illegal. They are illicit, they are 24 illegal, you shouldn't be fooling around with 25 them. Opioids were a totally different -- they</p>
<p style="text-align: right;">Page 363</p> <p>1 there because of an -- often a very legitimate 2 injury or prescription -- a prescription that 3 took them down a road where they became 4 addicted. 5 Q. And speaking of other drugs, you 6 were asked some questions about drug abuse 7 generally in the community; do you recall that 8 earlier today? 9 A. Yes. 10 Q. And you were asked some questions 11 about other illegal drugs, including cocaine 12 and methamphetamine, correct? 13 A. Correct. 14 Q. And I jotted down here that there 15 is some question about a long history of 16 substance abuse in this country, going back to 17 the 1800s; do you recall that? 18 A. Oh, yes. 19 Q. Why are prescription opioids alone 20 public health crisis in Summit County, if there 21 are other drug issues that exist in the 22 community as well? 23 A. First, I think it has been very 24 difficult for us to get our hands around the 25 scope of the problem, because we aren't really</p>	<p style="text-align: right;">Page 365</p> <p>1 have a role in society. 2 I have never taken an opiate, but I 3 can tell you, if I need one and I'm really 4 hurt, I hope I get it. I mean, if you really 5 need pain relief and pain medication, opiates 6 should be available. It was just taken to a 7 whole new level. 8 Q. And is that what you meant by the 9 oversupply -- 10 A. Yes, because physicians thought it 11 was okay to hand them out to people. 12 Q. And you were asked a series of 13 questions on a decline in the amount of 14 prescription opioids that are dispensed into 15 Summit County; do you recall that? 16 A. Yes. 17 Q. Does the fact that there has been a 18 decline in the amount of prescription opioids 19 dispensed into Summit County mean that 20 prescription opioids are not a public health 21 crisis in Summit County today? 22 A. No. 23 Q. And why not? 24 A. Because I have no idea how many 25 individuals are maintaining an addiction right</p>

<p style="text-align: right;">Page 366</p> <p>1 now with still going to a doctor, still getting 2 overprescribed opiates, still getting them 3 and/or sharing them with each other, whatever 4 the case may be. We have no idea, down the 5 road, how far this goes. 6 Q. And you had testified that one of 7 the jobs of public health is to engage in 8 prevention, correct? 9 A. Correct. 10 Q. Is there any way for public health 11 to identify any particular population or 12 particular subpopulation that is likely to turn 13 up as opioid overdoses or opioid deaths or 14 opioid addictions? 15 MR. NAEEM: Object to form and 16 foundation. 17 A. No. Not unless I had access to 18 data that told me who -- you know, the 19 communities they lived in or wherever. 20 That's why we take -- all of our 21 programs, we try to be as mobile and as spread 22 out in the community as we possibly can. I 23 mean, we have done education programs with food 24 services workers, we've gone to business 25 leaders. It's all over. We don't</p>	<p style="text-align: right;">Page 368</p> <p>1 A. No. 2 MR. LAVELLE: Objection to form and 3 foundation. 4 Q. Is it something that is only caused 5 by bad choices made by addicts. 6 MR. LAVELLE: Object to the form of 7 the question. 8 A. No. 9 Q. Has the county -- has your 10 department undertaken any programs to address 11 the opioid crisis within the county? 12 A. Yes. Prevention. 13 Q. And what programs are run through 14 the Summit County Public Health Department? 15 A. We do alcohol and other drug 16 counseling, but again that came over from the 17 Akron Health Department. We also do needle 18 exchange programs, Summit Safe, we have Project 19 DAWN, we distribute naloxone, we also train 20 police officers in supplying naloxone, so they 21 can use it if they are first on the scene for 22 an unconscious human. 23 We do quick response teams, where 24 we supply a counselor to go out and visit the 25 homes of those individuals that have overdosed.</p>
<p style="text-align: right;">Page 367</p> <p>1 differentiate where we have to go for this, 2 because we don't know. 3 Q. And do you believe that 4 prescription opioids continue to create a 5 public health crisis in Summit County today? 6 A. Yes. 7 Q. And that public health crisis that 8 we are talking about, is that something caused 9 only by the diversions or illegal sales of 10 prescription pills? 11 A. No. 12 MR. LAVELLE: Object to the form. 13 Go ahead. 14 Q. Is that prescription opioid public 15 health crisis, is that something that is an 16 issue only related to criminal conduct? 17 A. No. 18 Q. Is the prescription opioid public 19 health crisis in Summit County an issue that's 20 only related to so-called pill mills? 21 MR. LAVELLE: Object to the form of 22 the question. 23 Q. Is the prescription opioid public 24 health crisis in Summit County caused only by 25 bad doctors?</p>	<p style="text-align: right;">Page 369</p> <p>1 We do fentanyl test strips. I said MAT, 2 medication-assisted treatment. Those are the 3 programs that we have developed. 4 Q. And have those programs, in your 5 opinion, been effective in mitigating some of 6 the prescription opioid public health crisis 7 that exists in your community? 8 A. I am hopeful that that's part of 9 it. 10 Q. And those programs are paid for by, 11 I think you testified, a combination of 12 taxpayer dollars and grants; is that correct? 13 A. Correct. 14 Q. Okay. Do you believe that the 15 programs that you have identified alone are 16 enough to address the prescription opioid 17 public health crisis in Summit County? 18 A. No. 19 Q. Why not? 20 A. Because the need. We need to 21 really have additional -- because addiction is 22 a brain disease, and you don't ever live 23 without it. 24 I had a mother tell me once that 25 when your kid's in recovery and your kid's</p>

<p style="text-align: right;">Page 370</p> <p>1 sober, that the addiction is out in the parking 2 lot doing pushups, so it can go back even 3 stronger. 4 So because we know it's a disease 5 that's hard to manage, like many chronic 6 diseases, we are going to need a lot of 7 medication-assisted therapy to help individuals 8 remain sober, we're going to need recovery 9 houses, we really need to have sober housing 10 for individuals, because, quite frankly, I have 11 talked to so many parents whose child was sober 12 for three years, four years, five years after 13 an opioid addiction, and then overdosed a died. 14 So prevention isn't just 15 getting -- starting way early and getting 16 resiliency factors and getting kids. It's 17 going to take years to continue this group of 18 caring for, or we're going to continue to have 19 relapse. 20 Q. If you could describe the opioid 21 epidemic in Summit County in one word, what 22 would it be? 23 A. Devastating. 24 MS FITZPATRICK. That's all. Thank 25 you very much.</p>	<p style="text-align: right;">Page 372</p> <p>1 crisis prior to 2015? 2 A. Well, I hesitate to say no, because 3 if there was a grant that was being written, I 4 may have helped with the grant. If there were 5 some projects, I may have helped with that. So 6 I might have helped on something or helped work 7 with it, but I wasn't directly focused on that. 8 Q. Okay. You were asked a series of 9 questions about how to assess public health and 10 needing to do it from, this is my word, a macro 11 perspective rather than looking at individual 12 health records? 13 A. Correct. 14 Q. Okay. So, in fact, you don't have 15 the ability to individually assess which of 16 those people who are addicted to illicit drugs 17 like heroin and fentanyl started with a 18 prescription opioid or not? 19 A. Correct. 20 Q. And you were asked questions about 21 the socioeconomic demographics of patients who 22 were addicted to opioids. Have you read 23 articles suggesting that the only reason people 24 care about the opioid crisis currently is 25 because it's now affecting primarily white and</p>
<p style="text-align: right;">Page 371</p> <p>1 THE WITNESS: Thank you. 2 EXAMINATION OF DONNA SKODA 3 BY MR. NAEEM: 4 Q. Ms. Skoda, you were asked -- you 5 were just asked a lot of questions about public 6 health, public health issues generally, and 7 specifically related to use of prescription 8 opioids. 9 To be clear, you have been health 10 commissioner since 2015, correct? 11 A. Correct. 12 Q. All right. And when you were asked 13 questions by the defense side of the table 14 about what happened prior to 2015, you 15 basically said you had no exposure to the 16 opioids as within the health department, or 17 Summit County Public Health, prior to becoming 18 health commissioner in 2015? 19 A. Well, I knew about them and 20 certainly probably work might have crossed, but 21 it wasn't my direct responsibility. I didn't 22 manage the programs. 23 Q. So you were a concerned citizen 24 certainly, but no responsibility for Summit 25 County Public Health's response to the opioid</p>	<p style="text-align: right;">Page 373</p> <p>1 middle or upper class communities? 2 A. Yes. 3 MS. FITZPATRICK: Objection. 4 Q. You've seen those, haven't you? 5 A. Yes. 6 Q. You have talking a lot about or -- 7 strike that. I don't want to ask it that way. 8 You were asked about fentanyl, 9 heroin, and carfentanil and its is increasing 10 prevalence in the community, and you testified 11 that drug cartels were moving in to replace the 12 prescription opioids, because those 13 prescription opioids were becoming harder to 14 get, I'm paraphrasing again, but do you 15 remember that testimony? 16 A. Yes. 17 MS. FITZPATRICK: Objection, it 18 misstates testimony. 19 Q. You certainly don't have any 20 understanding regarding what cartels do or 21 think, do you? 22 MS. FITZPATRICK: Objection. 23 A. I have not ever been in a cartel. 24 Q. Have you ever spoken to any of the 25 Mexican cartels about why they are producing</p>